

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/926377

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	4		/			
7	(1)		/			
8	(1)		/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	11	←	8	←		←
TOTAL CLAIMS	13	[REDACTED]	10	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.				↓			↓	
TOTAL DEP.				←			←	
TOTAL CLAIMS				[REDACTED]			[REDACTED]	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS